Updates from the Review Committee for Pediatrics

Joseph Gilhooly, MD, Chair, Review Committee for Pediatrics
Caroline Fischer, MBA, Executive Director
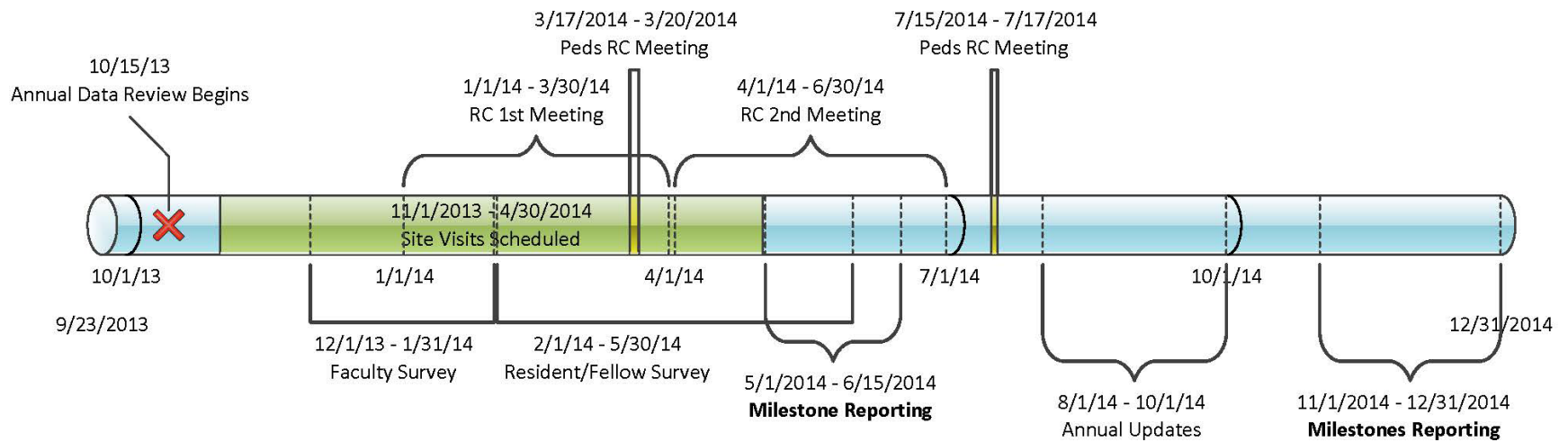
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Overview

- Timeline
- Program Responsibilities
- Review Committee Review
- CLER
- Eligibility Requirements

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Timeline

10/15/13
Annual Data Review Begins

3/17/2014 - 3/20/2014
Peds RC Meeting

7/15/2014 - 7/17/2014
Peds RC Meeting

1/1/14 - 3/30/14
RC 1st Meeting

4/1/14 - 6/30/14
RC 2nd Meeting

11/1/2013 - 4/30/2014
Site Visits Scheduled

10/1/13

1/1/14

4/1/14

7/1/14

10/1/14

9/23/2013

12/1/13 - 1/31/14
Faculty Survey

2/1/14 - 5/30/14
Resident/Fellow Survey

12/31/2014

5/1/2014 - 6/15/2014
Milestone Reporting

8/1/14 - 10/1/14
Annual Updates

11/1/2014 - 12/31/2014
Milestones Reporting

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Program Responsibilities

1. Annual data update
2. Interim program changes
3. Clinical experience review
4. Program Evaluation Committee (PEC)
5. Clinical Competency Committee (CCC)
6. Milestone reporting
7. Faculty Survey administration
8. Resident Survey administration

A C G M E

1. Annual Data Update

- Participating sites
- Residents
- Program director
- Block diagram
- Major structural changes
- Faculty
- Faculty and resident scholarly activity
  - Non-physician CVs
- Response to previous citations

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1. Annual Data Update *cont.*
Incomplete/Inaccurate Data

- Faculty Roster
  - Certification information
- Scholarly Activity
- Block Diagram
  - Abbreviations, non-standard format
- Response to Citations
  - Explain how corrected/progress made toward correction/what is the action plan
  - Data

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1. Annual Data Update *cont.*
Scholarly Activity

- Starting in 2014
  - Resident Scholarly activity will include PGY-2 through most recent graduates
  - Non-physician CVs
    - Include research mentors' scholarly activity

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2. Interim Program Changes

- Participating sites added or removed
- Program director change
- Coordinator change
- Resident complement changes
 - Must request approval prior to increase

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3. Clinical Experience Review

- Review specialty survey results and identify potential deficiencies

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4. Program Evaluation Committee

- Must be composed of at least two faculty members

- Resident representation

- Written description of responsibilities
  - Planning, developing, implementing, and evaluating all significant activities of the program
  - Review and make recommendations for revision of competency-based goals and objectives
  - Review the program annually using evaluations from faculty, residents and others
  - Ensure areas of non-compliance are corrected

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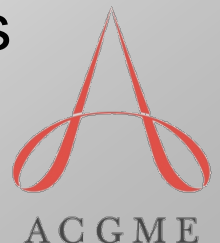
4. Program Evaluation Committee *cont.*

- The PEC must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a full, written, annual program evaluation.

- The annual evaluation should include a written "plan of action" to improve performance in the areas listed below.

- The program must monitor and track:
  - resident performance
  - faculty development
  - graduate performance
  - program quality
  - progress on the previous year's action plan

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Annual Program Evaluation

- Start now!
  - Core and Subspecialty programs

- Why?
  - Key component of Self-Study (Visit)

- Consider a common report form for the annual program review and action plan

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Core and Subs: Together We Stand…

- In the annual data review by the ACGME, the quality of the core and subspecialty programs reflects on one another
  - If the core goes on probation, all subspecialties go on probation
  - Poor data from a subspecialty program leads to a "flag" on the core program
- 10-year Self-Study, all will be reviewed together

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5. Clinical Competency Committee

- Must be composed of at least three faculty members
  - Additional non-physician members may be included
  - Program Director can be a member in some capacity
- Written descriptions of responsibilities
  - Review all resident evaluations by all evaluations semi-annually
  - Prepare/assure reporting of milestones evaluations of each resident to ACGME semi-annually
  - Make recommendations to the program director for resident progress, including, promotion, remediation and dismissal

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5. Clinical Competency Committee *cont.*

- Must understand the Milestones
- Review all evaluations for each resident
- Assess the quality of the source of information
- For each resident, decide for each milestone the narrative that best fits that resident
- **Identify gaps** in existing evaluation system

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6. Reporting on Milestones
Documenting Resident Outcomes

- Reporting tool/form will be available in ADS
- Reporting of the Milestones to the ACGME for Pediatrics programs:
  - May 1 - June 15, 2014
  - November 1 - December 31, 2014
- Reporting of the Milestones to the ACGME for pediatric subspecialty programs:
  - November 1, - December 31, 2014
  - May 1 – June 15, 2015
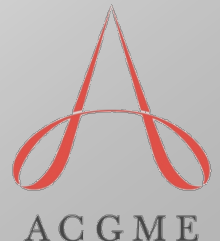
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Reporting of Milestones
Subspecialties

Subcompetencies for Reporting of Milestones to ACGME: Pediatric Subspecialties*

COMPETENCY DOMAIN	SUBCOMPETENCY NUMBER	PAGE IN PEDIATRIC MILESTONES PROJECT BOOKLET	SUBCOMPETENCY
Patient Care (PC)	3	11	Provide transfer of care that insures seamless transitions
	6	18	Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment
	7	21	Develop and carry out management plans
	12	32	Provide appropriate role modeling
Medical Knowledge (MK)	2	40 & 53	Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems
Systems-Based Practice (SBP)	1	85	Work effectively in various health care delivery settings and systems relevant to their clinical specialty
	2	87	Coordinate patient care within the health care system relevant to their clinical specialty
	3	90	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate
	5	94	Work in inter-professional teams to enhance patient safety and improve patient care quality
	6	96	Participate in identifying system errors and implementing potential systems solutions
Practice- Based Learning and Improvement (PBLI)	1	40	Identify strengths, deficiencies, and limits in one's knowledge and expertise
	4	49	Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
	7	56	Use information technology to optimize learning and care delivery
	9	61	Participate in the education of patients, families, students, residents, and other health professionals
Professionalism (PROF)	2	80	Professional Conduct: High standards of ethical behavior which includes maintaining appropriate professional boundaries
	5 (PPD**)	111	Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
	6 (PPD)	116	Provide leadership skills that enhance team function, the learning environment, and/or the health care delivery system/ environment with the ultimate intent of improving care of patients
	8 (PPD)	119	The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty
Interpersonal and Communication Skills (ICS)	3	69	Communicate effectively with physicians, other health professionals, and health related agencies
	4	71	Work effectively as a member or leader of a health care team or other professional group
	5	74	Act in a consultative role to other physicians and health professionals

*GRAY shaded competencies indicate milestones also to be reported by General Pediatrics Residency Programs
**Personal and Professional Development

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Milestones Report Worksheet

SBP5. Participate in identifying system errors and implementing potential systems solutions					
Not yet Assessable	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Defensive or blaming when encountering medical error; no perception of personal responsibility for individual or systems error correction; not open to discussion of error or identification of the type of error; approaches error prevention from an individual case perspective only	Occasionally open to discussion of error without a defensive or blaming approach; some awareness of personal responsibility for individual or systems error correction; identifies medical error events, but cannot identify the type (active versus latent) of error; begins to perceive that error may be more than the mistake of an individual	Usually open to a discussion of error; actively identifies medical error events and seeks to determine the type of error; occasionally identifies the element of personal responsibility for individual or systems error correction; sees examination and analysis of error as an important part of the preventive process	Usually encourages open and safe discussion of error; actively identifies medical error events; accepts personal responsibility for individual or systems error correction, regularly determining the type of error and beginning to seek system causes of error	Consistently encourages open and safe discussion of error; characteristically identifies and analyzes error events, habitually approaching medical error with a system solution methodology; actively and routinely engaged with teams and processes through which systems are modified to prevent medical error
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

Comments:

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7. Faculty Survey

- Core programs – all faculty identified as "core"
- Subspecialty programs – faculty who devote significant time to the program
- Minimum 60% participation required
- Use Survey results to make improvements to the program and/or educate faculty

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8. Resident Survey

- Monitor resident/fellow participation
- Minimum 70% participation required
- Use Survey results to make improvements to the program and/or educate residents

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Review of Annual Data
Decisions Available to the Review Committee

- **Confirm** existing accreditation status based on data review

- **Change** existing status based on data review

- Request additional information from program
  - Clarifying information
  - Site Visit

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Accreditation Status Options
New Applications

- Core/Subspecialty and Sponsoring Institutions

New Application

Initial Accreditation

Accreditation Withheld	Reapplication anytime or Appeal

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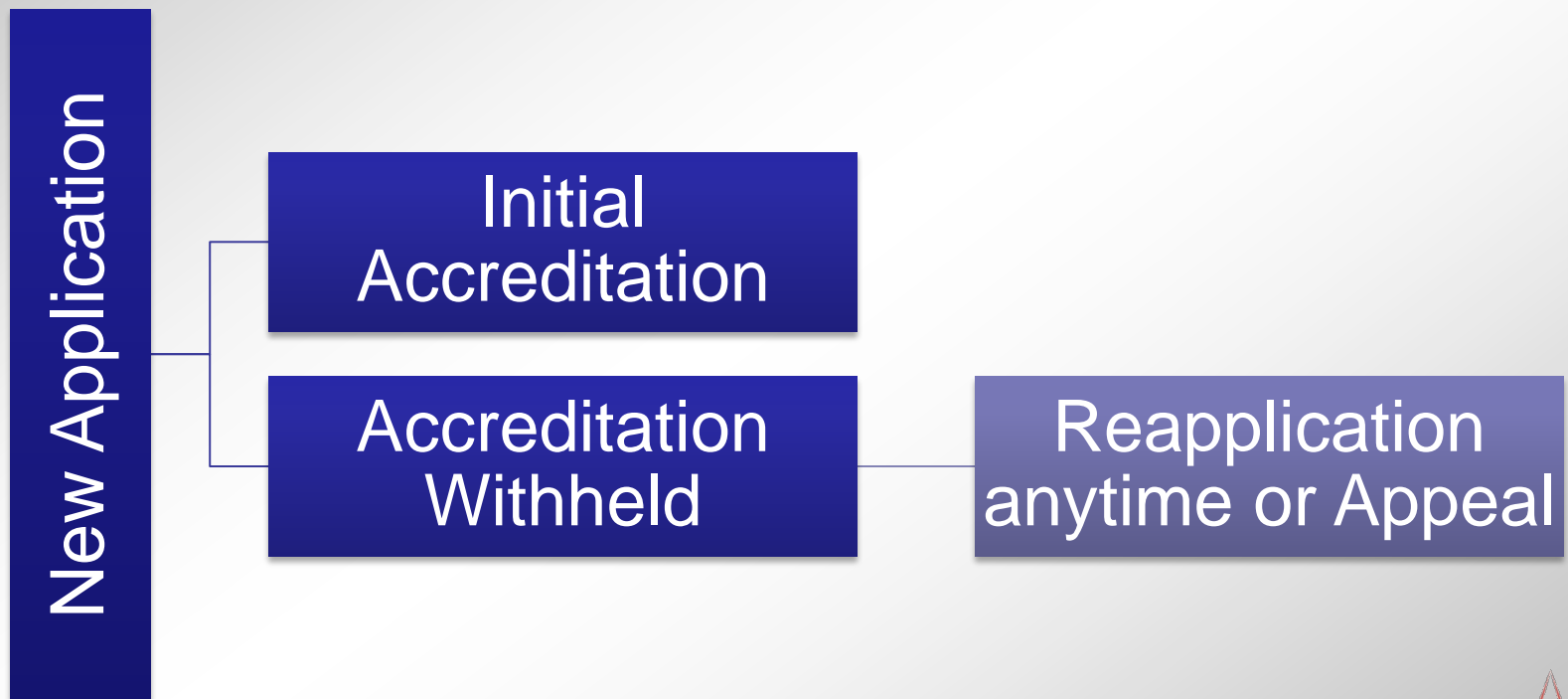
Accreditation Status Options
Initial Accreditation

- Core/Subspecialty and Sponsoring Institutions

Initial Accreditation SV in 2 yrs.

- Continued Accreditation (CA)
- Continued Accreditation without Outcomes
- Initial Accreditation w/Warning — SV in 1 yr.
- Withdrawal of Accreditation (WD)

- CA
- WD

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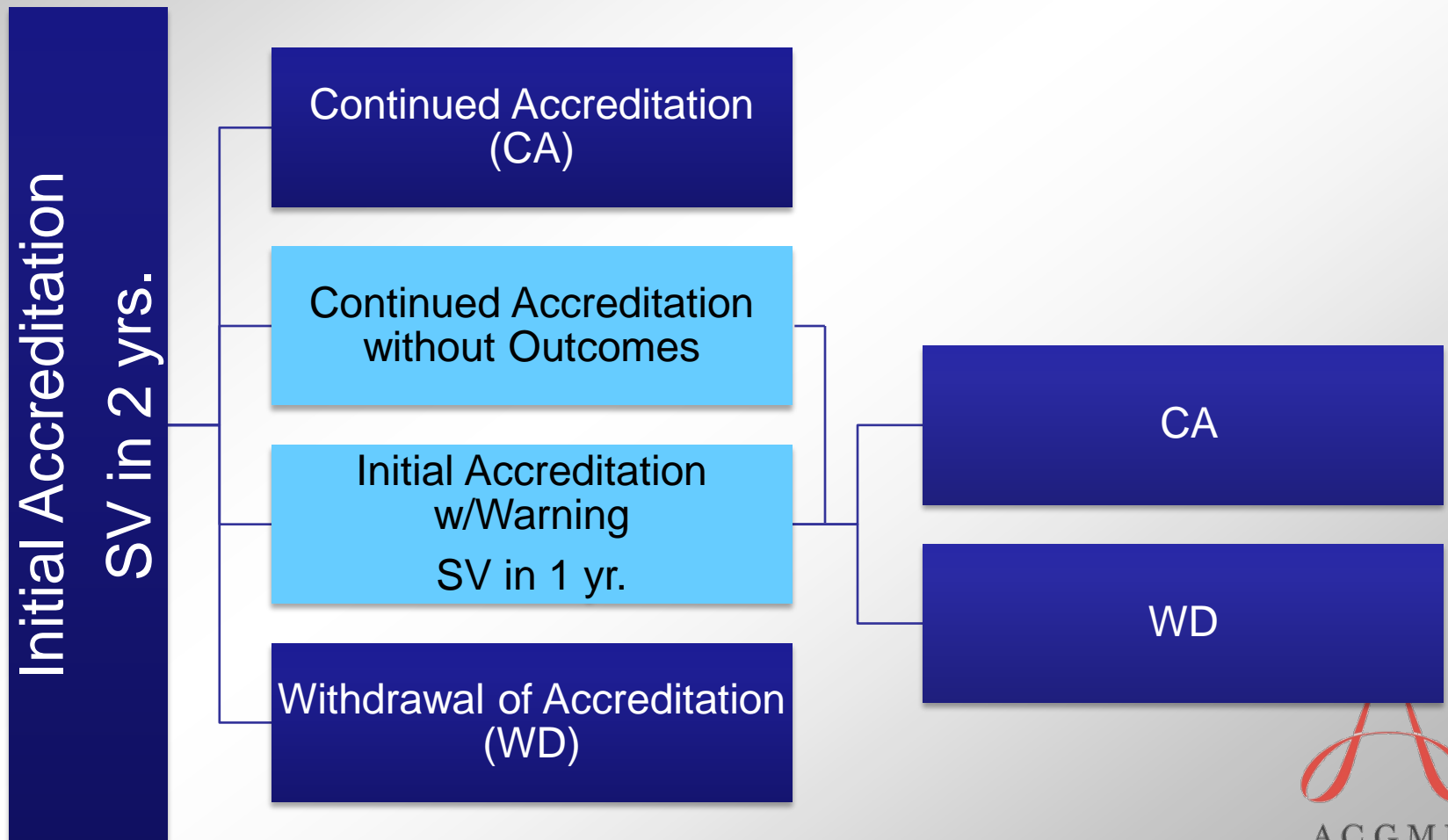
Accreditation Status Options
Continued Accreditation

- Core/Subspecialty and Sponsoring Institutions

Accredited Program

- Continued Accreditation (CA)
- CA w/Warning
- Other (e.g. egregious)
- Site Visit
  - Probationary Accreditation*
  - Withdrawal of Accreditation**
  - CA w/Warning
  - CA
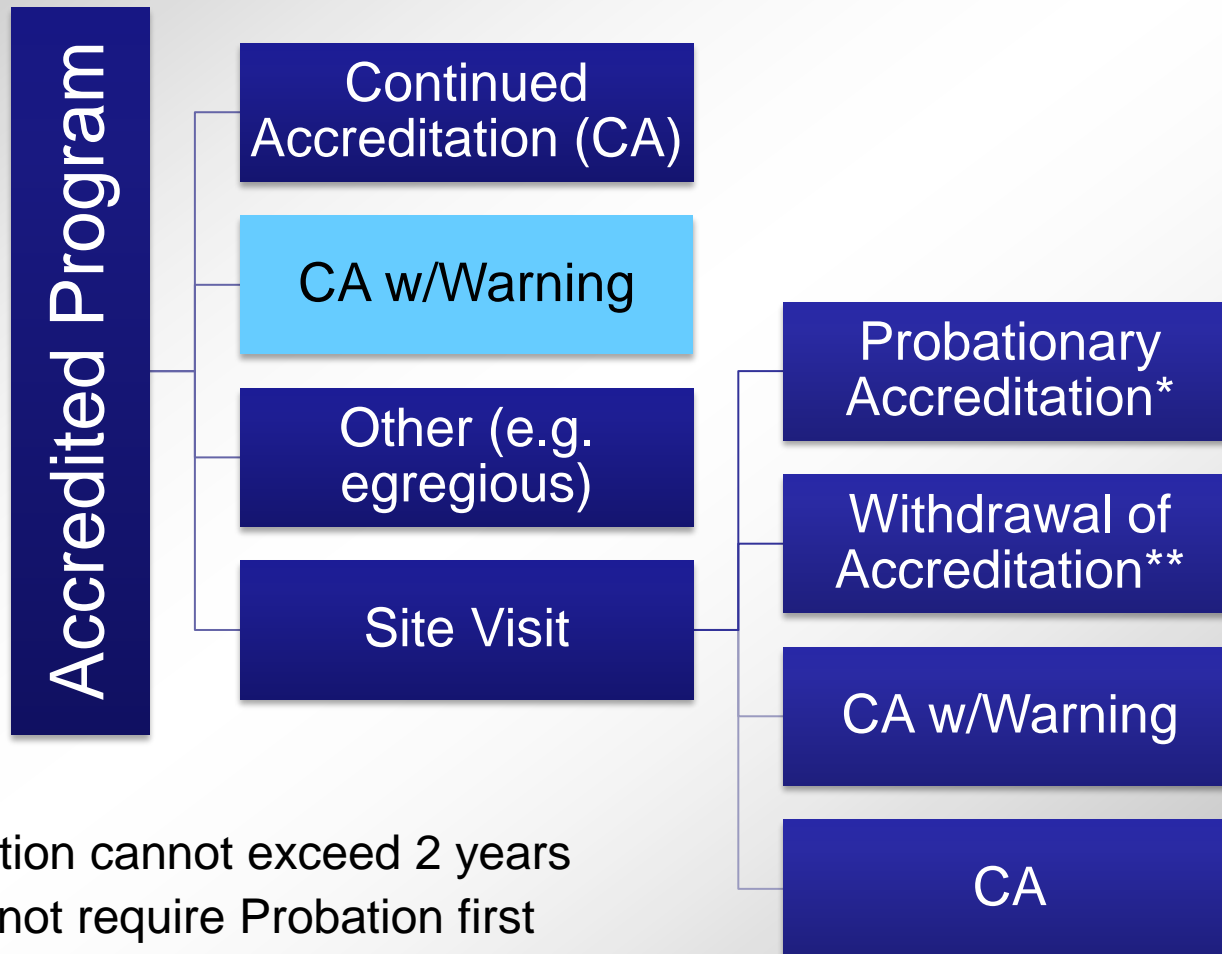
* Probation cannot exceed 2 years
** Does not require Probation first

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Full Site Visits

- "May" be scheduled to:

  - review a specialty application for accreditation
  - address broad concerns identified during the Review Committee's review of annual data
  - address other serious concerns at the discretion of the Review Committee

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Full Site Visits *cont.*

- "Must" be scheduled:

  - at the end of the initial accreditation period
  - in order to transition from initial accreditation with warning to continued accreditation
  - in conjunction with the program's Self-Study

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Focused Site Visits

- Assesses **selected** aspects of a program and may be used:

    - to address *potential* problems identified during review of annually submitted data

    - to diagnose/explore factors underlying deterioration in a program's performance

    - to evaluate the merits of a complaint against a program

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Self-Study Site Visit

- Start in approximately July 2015 for Phase I
- Assess compliance with requirements
- Verify/clarify self-reported data
- Assess program aims and efforts to meet those aims
- Identify strengths, areas for improvement and opportunities within the program's environment
- Assess annual program evaluation and efforts to improve the program

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Notification of Site Visits

- Announced
  - Focused site visit – 30-day min.
  - Full site visit – 60-day min.
  - Self-study – 12-15-month advance notice of the approximate month; 90-110-day notice of specific date

- "Unannounced"
  - Up to three weeks' notice

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Information to Provide

- Updated application form for programs on initial accreditation/initial accreditation with warning

- Up-to-date ADS data, including responses to previous citations

- Documents identified in site visit announcement letter

- Documentation requested in notification letter

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Along with an accreditation decision, the Review Committee may…

- Recognize and commend exemplary performance or innovations
- Identify areas for improvement
- Identify concerning trends
- Issue citations or "Extend" existing citations
- "Resolve" previous citations
- Increase or reduce resident complement
- Request a progress report

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Citations Versus Areas for Improvement

Citations

- Identify areas of non-compliance
- Linked to a specific requirement
- Response to citations required in ADS
- Responses reviewed annually by the Review Committee
- Remain active until corrected
  - Your current citations will go away after two cycles of Continued Accreditation in NAS, if no new issues have been identified

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Areas for Improvement

- Result from annual review of program data elements
- May not be specifically linked to a requirement
- General concern
- Written response not required
- Not automatically carried over

Notification Letter

Notification Letter

AREAS NOT IN COMPLIANCE (Citations)

The Review Committee cited the following areas as not in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements:

EXTENDED CITATIONS

Citation description *(based on citation code)*/Since: *(date citation was originally issued)*/Status: Extended
(Citation and supporting text will be pulled into the LON – no need to reenter)

Continued non-compliance: *(Date citation was extended will be entered)*

NEW CITATIONS
Citation description *(based on citation code)*/Since: *(date citation was originally issued)*/Status: New
** **Reference in progress report** *(if applicable) – THIS WILL APPEAR IN THE LON ONLY WHEN THE CITATION IS LINKED TO A PROGRESS REPORT WHEN POST MEETING ACTIONS ARE ENTERED*

Type of Response for Progress Report *(if applicable)*

RESOLVED CITATIONS

The Review Committee determined that the following citations have been resolved.

Citation description *(based on citation code)*/**Since:** *(date citation was originally issued)*/**Status: Resolved**

OPPORTUNITIES FOR PROGRAM IMPROVEMENT/CONCERNING TRENDS *(if applicable)*

The Review Committee identified the following opportunities for program improvement and/or concerning trends:

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Notification Letter

REQUEST FOR PROGRESS REPORT *(if applicable)*

The Review Committee requests a progress report in which each citation listed above (**Reference in progress report) is addressed. This information is requested via email to the Executive Director. As specified in the ACGME Institutional Requirements, the report should be reviewed and approved by the sponsoring institution's Graduate Medical Education Committee and co-signed by the Designated Institutional Official prior to submission to the ACGME. If you have concerns about the due date for the progress report, please contact the Review Committee Executive Director.

OTHER COMMENTS *(if applicable)*

The ACGME must be notified of any major changes in the organization of the program. When corresponding with the ACGME, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,

Executive Director
Residency Review Committee for X

cc: Designated Institutional Official
        Participating Sites

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Departmental Notification Letter

Departmental Notification Letter *cont.*

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program and/or Institutional Requirements for Graduate Medical Education without any new citations.

Subspecialty Programs
The following is a list of subspecialty programs associated with your program. Subspecialty programs with ** preceding the program number were not reviewed at the most recent RC meeting. Subspecialty programs with LTR preceding the program number will be issued a separate Letter of Notification.

321xxxxxxx – Adolescent medicine
Continued Accreditation - Effective: 01/24/2014
Citations: New - 0. Extended - 4. Resolved - 0

323xxxxxxx – Pediatric critical care medicine
Continued Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 0. Resolved - 0

324xxxxxxx – Pediatric emergency medicine
Continued Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 3. Resolved - 0

325xxxxxxx – Pediatric cardiology
Continued Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 4. Resolved - 0

326xxxxxxx – Pediatric endocrinology
Continued Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 1. Resolved - 0

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Departmental Notification Letter *cont.*

329xxxxxxx – Neonatal-perinatal medicine
Continued Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 3. Resolved - 0

LTR-333xxxxxxx – Sports medicine
Accreditation Withheld - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 0. Resolved - 0

**-336xxxxxxx – Developmental-behavioral pediatrics
Initial Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 0. Resolved - 0

520xxxxxxx - Sleep medicine (multidisciplinary)
Continued Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 1. Resolved - 0

540xxxxxxx - Hospice and palliative medicine (multidisciplinary)
Continued Accreditation - Effective: mm/dd/yyyy
Citations: New - 0. Extended - 5. Resolved - 0

The ACGME must be notified of any major changes in the organization of the program. When corresponding with the ACGME, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,

Executive Director
Residency Review Committee for X

cc: Designated Institutional Official
Participating Sites

Clinical Learning Environment Review (CLER) Program

- Institutions will be visited every 18 months

- 6 Focus Areas: patient safety, health care quality, care transitions, supervision, DH/fatigue management, and professionalism

- Data will not be used for accreditation, but…
  - programs must ensure that residents and fellows:
    - are aware of patient safety/quality improvement efforts of the institution
    - are actively participating in patient safety and CQI efforts

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CLER Program *cont.*

- Pathways to Excellence
  - Expectations rather than requirements
  - Series of pathways for each focus area considered to be essential to creating an optimal learning environment
  - Each pathway has a set of key properties that can be assessed from low to high along a continuum of resident, fellow and faculty member engagement within the learning environment
  - Tool to promote discussions/actions

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Clinical Learning Environment Review (CLER) Program

Overview

As a component of its next accreditation system, the ACGME has established the CLER program to assess the graduate medical education (GME) learning environment of each sponsoring institution and its participating sites. CLER emphasizes the responsibility of the sponsoring institution for the quality and safety of the environment for learning and patient care, a key dimension of the 2011 ACGME Common Program Requirements. The intent of CLER is "to generate national data on program and institutional attributes that have a salutary effect on quality and safety in settings where residents learn and on the quality of care rendered after graduation."[1]

CLER provides frequent on-site sampling of the learning environment that will:

> increase the educational emphasis on patient safety demanded by the public; and,

> provide opportunity for sponsoring institutions to demonstrate leadership in patient safety, quality improvement, and reduction in health care disparities

The CLER program's ultimate goal is to move from a major targeted focus on duty hours to that of broader focus on the GME learning environment and how it can deliver both high-quality physicians and higher quality, safer, patient care. In its initial phase, CLER data will not be used in accreditation decisions by the Institutional Review Committee (IRC).

CLER consists of three related activities:

> The **CLER site visit program** is used solely for providing feedback, learning, and helping to establish baselines for sponsoring institutions, the Evaluation Committee, and the IRC. The first cycle of visit findings will result in dissemination of salutary practices by the Evaluation Committee.

> The **CLER Evaluation Committee** includes a broad cross-section of individuals with expertise related to the aim of the CLER program. The Committee provides input to the design and implementation of CLER site visit activities and conducts evaluation review of sponsoring institutions that are visited during each cycle.

> The ACGME recognizes the great interest by sponsoring institutions to support **faculty development** in those areas on which the CLER program will focus (e.g., patient safety, health care quality, transitions of

PS Pathway 3: Culture of safety

A culture of safety requires a preoccupation with identification of vulnerabilities and a willingness to transparently deal with them. To this end, the safety system is perceived as fair and effective in bringing about needed improvements. The organization has formal mechanisms to assess attitudes toward safety and improvement in order to identify areas requiring intervention.

Properties include:

- Residents/fellows and faculty members perceive that the clinical site provides a supportive culture for reporting patient safety events.
  The focus will be on the extent to which individuals perceive a culture that is supportive of reporting.

- The clinical site has mechanisms to provide emotional support to residents/fellows involved in patient safety events.
  The focus will be on the availability of support, and the proportion of residents/fellows who use (or perceive they could use) the mechanisms to access support.

- The clinical site conducts culture of safety surveys with residents/fellows, and faculty and staff members.
  The focus will be on the progression from initial conduct of surveys through the analysis of results and implementation of actions to improve the culture.

Eligibility Requirements

- Transfers
    - Must come from ACGME-accredited pediatric programs
    - Need verification of competency using Milestones
    - No exceptions

Eligibility Requirements *cont.*

- Pediatricians that have *completed non-accredited* training with a 1-year training waiver from the ABP
  - Read ABP information
  - Enter ACGME program at PGY-1 level
  - May advance to PGY-2 based on Milestones assessments
    - Discretion of program director in conjunction with CCC

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Eligibility Requirements *cont.*

- Fellowships
  - Required clinical education must be completed in ACGME- or RCPSC-accredited programs
  - Fellow Eligibility Exception
    - Exceptions will be allowed for pediatric subspecialty programs

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Webinars

- **Previous webinars** available for review on the ACGME website
  - Clinical Learning Environment Review (CLER)
  - Overview of Next Accreditation System
  - Milestones, Evaluation, CCCs
  - Specialty-specific Webinars (Phase I)
  - Phase I Coordinator Webinars (surgical and non-surgical)
  - Specialty-specific Webinars (Phase II): Nov 2013 – Feb 2014
  - Stand-alone slide decks for GME community: NAS, CCC, PEC, Milestones, Update on Policies
- **Upcoming**
  - Self-Study (what programs do)
  - Self-Study Visit (what site visitors do)
  - Specialty specific Webinars (Phase II): March 2014 – May 2014

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Program Resources

www.acgme.org

- ~~Next Accreditation System Microsite has been removed~~
- ACGME Policies & Procedures
- Competencies/Outcomes Project
- List of accredited programs
- Accreditation Data System (ADS)
- Duty Hours Information/FAQ
- Affiliation Agreements FAQ
- General information on site visit process and your site visitor
- Notable Practices

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Program Resources *cont.*

- Pediatrics Web Page
  - Resident complement increase policy
  - Program Requirements and Program Application Forms
  - FAQ Documents
  - Milestones
  - Presentations

- Weekly e-Communication
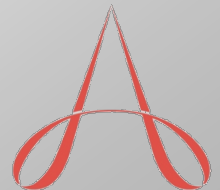 - Contains GME information: NAS updates, new requirements, Review Committee updates on ACGME issues/initiatives

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Program Resources
ACGME Contacts

- Questions related to **ADS**:
  - Kirsten Woebbeking (kwoebbeking@acgme.org), 312.755.7443; WebADS@acgme.org

- Questions related to **site visit**:
  - Ingrid Philibert (iphilibert@acgme.org), 312.755.5003
  - Jane Shapiro (jshapiro@acgme.org), 312.755.5015
  - Penny Lawrence (pil@acgme.org), 312.755.5014

- Questions related to **requirements** or **notification letter**:
  - Caroline Fischer (cfischer@acgme.org), 312.755.5046
  - Denise Braun-Hart (dbraun@acgme.org), 312.755.7478
  - Kim Rucker (krucker@acgme.org), 312.755.7054
  - Luz Barrera (lbarrera@acgme.org), 312.755.5077

Questions???